

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT C

APPLICANT(S):

Hans-Erich REINFELDER et al CONFIRMATION NO.: 9129

SERIAL NO.:

09/773,949

GROUP ART UNIT: 3621

FILED:

February 1, 2001

EXAMINER: D. L. Greene

INVENTION:

FOR "SOFTWARE ICS OR **PALS** HIGH LEVEL

APPLICATION FRAMEWORKS"

MAIL STOP AMENDMENT

Commissioner of Patents P. O. Box 1450 Alexandria, VA 22313-1450

SIR:

In response to the Office Action dated November 29, 2004 in connection with the filing of a Request for Continued Examination (RCE) the following is submitted:

TELEPHONE (312) 258-5500 TELEPHONE (312) 258-5786 TELECOPIER (312) 258-5921



SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

In re application of:

Hans-Erich Reinfelder et al

CONFIRMATION NO.: 9129

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EXAMINER: D. L. Greene

For:

"SOFTWARE ICS OR PALS FOR HIGH LEVEL APPLICATION FRAMEWORKS"

AMENDMENT C MAIL STOP AMENDMENT

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONA FEE	
TOTAL CLAIMS	18*	MINUS	20	x	() X 50.00 () X 25.00		
INDEP. CLAIMS	6*	MINUS	6	X 7	() X 100.00 () X 200.00		
	mended to contain dependent claims y paid for.			(') YES () NO	()\$360.00 ()\$180.00 ONE TIME		
			TOTAL ADDITIONAL FOR THIS AMENDM				

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated November 29, 2004 for 3 months so that the period for response is extended to May 29, 2005 A check in the amount of \$1020.00 is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 1020.00 is attached.
- accompanying IDS under 37 CFR 1.97(c) is attached A check for \$ __
- A check for \$_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment

	to account No. 301319. A duplicate of this site			
	When phoning re this application, please call (3	312) 258-5500.		
		SCHIFF HARDIN LLP (Customer Number: 26574)		
		BY Authoritem Welst	(Reg. #27,841)	
	• • •	eposited with the United States Postal Service as F. O. Box 1450, Alexandria, VA 22313-1450 on Ma		
05/06/2005 WASFAW	#1 00000020 09773949	Breat A. Valiquet NAME OF APPLICANTS ATTORNI	EY	
02 FC:1253	1020.00 GP	SIGNATURE		
		May 3, 2005 DATE		